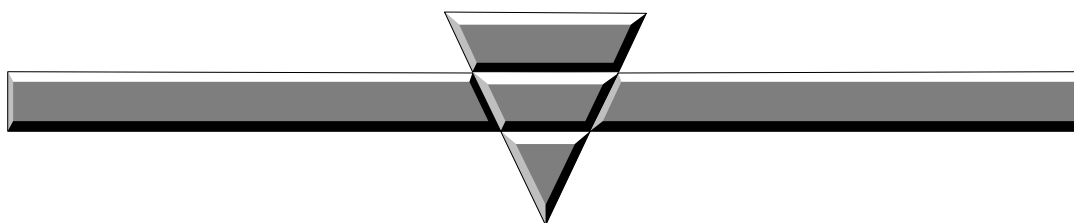


# BASIC MEDICATION ADMINISTRATION COURSE

## Pre-Course Section



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## **I. INSTRUCTIONS FOR PRE-COURSE MATERIAL:**

**Each student enrolled in a Basic Course will receive a copy of the Pre-Course Packet 2 weeks prior to the first date of each class.**

**Prior to the first day of class, students must read this entire Pre-Course manual thoroughly and complete the Practice Test at the end of the Packet.**

Instructor will answer any questions that arise out of the Pre-Course Packet on the first day of class, however, this material **may not be** reviewed thoroughly during class.

**The written exam will contain questions based on the objectives and information found in this packet.**

## II. BASIC COURSE OVERVIEW:

### A. Eligibility Requirements:

1. Students must be employed by a DCF operated or DCF licensed child care facility and be recommended by the facility director.
2. Students must have a high school diploma, or equivalent. The facility director must recommend and approve the person's eligibility by signing the statement at the bottom of the registration form.
3. This is a difficult and fast-paced technical course. It is critical that individuals who take this course have the ability to read and understand fairly complex clinical material, and have an ability to perform mathematical functions.

### B. Attendance:

1. Students are expected to attend all classes. Tardiness is counted as time absent.
2. If **students are absent more than 4 hours, they will not be eligible to continue in the class or take the exam.** The entire course must be repeated. **Exceptions are not made.**
3. An attendance report will be sent to the facility director or designee.

### C. Written Exam

1. Each unit in the Basic Manual begins with a list of learning objectives for that particular unit. These learning objectives outline the core information that participants are expected to know to be eligible for medication administration certification. **The written exam is based entirely on the objectives identified in the Pre-Course Packet and each unit of the Basic Course Manual.**
2. Students must score **85%** in order to pass the written exam. Any score below 85% is a failing grade (see "course components" for details regarding failing a written exam). A pass/fail grade will be reported to the facility director/nurse/ or designee.

### D. Course Components

1. This course consists of 3 Parts: 24 hours of class time concluding with a written exam, a laboratory practicum exam, and an onsite internship. For example,

<b>One</b>	Precourse Study Guide	Given to students two weeks before class starts	
	Class – 4-6 meetings over 2-3 weeks		24 hours
	Written Exam	100 Multiple choice, T/F, matching, fill in the blank	2 hours
<b>Two</b>	Lab Exam	Individually scheduled demonstration of skills with instructor	45 minutes
<b>Three</b>	Onsite Internship	Individual orientation, demonstration of skill with facility nurse and supervised med pass.	Varies

2. **Part 1** consists of 24 hours and is taught over several days.
  - a. After attending Part 1, students must pass a written exam with an (85%) in order to take the laboratory practicum exam.
  - b. If students fail the written exam, they may re-test within 30 days. If they fail the re-test, they must re-take the entire course in order to be eligible to take a third written exam. **After 3 failures, students are not eligible to become DCF certified.**
  - c. If students are absent or miss the written exam, they must sign up for the next available exam date on the course schedule (within 30 days of completing the course). If they do not take the exam within 30 days, they must re-take the entire course.
3. **Part 2** consists of the laboratory exam. After students pass the final exam, they must pass the lab exam. The lab exam is a testing time where students will be expected to demonstrate the medication administration procedure, correct documentation and knowledge of the medication administration techniques. Students will meet individually with the instructor for approximately one hour. The lab exam must be completed on the designated date of the course in which the student is registered. The instructor and the student will determine the test time.
  - a. If students are absent or late and miss their laboratory practicum test, they will be given **one** opportunity to re-schedule. Students must re-schedule within 30 days of the final exam. If they do not complete and pass the lab practicum within that time period, they will be required to repeat the entire course (including the written exam) in order to become medication certified.
  - b. If students fail the laboratory exam, they will be given one opportunity to re-test. This re-test must be completed within 30 days of the initial testing time. If students do not re-test within this time frame, they will be required to re-take the entire course (including the written exam). If they fail the re-test, they will not be eligible to become DCF medication certified.
4. **Part 3** is the onsite Internship which has three steps: shadowing of an experienced medication staff during at least 2 complete medication passes, demonstration of medication administration skills to the facility nurse, and at least 2 complete med passes under the direct supervision of the facility nurse or experienced med certified staff. The purpose of the internship is to evaluate an individual's ability to prepare, safely administer, and document medication administration at their location of employment.
  - a. Once students pass the written exam and the laboratory practicum test, they are eligible to complete the internship.
  - b. The internship must be completed within 90 days of passing the laboratory practicum test. If the internship is not completed within this time period, students will be required to re-take the entire course (including the written exam and lab practicum test) in order to become DCF medication certified.
  - c. If students fail the internship, they may retry **once**. If they fail the second time, they will not be eligible to become DCF medication certified.
  - d. Upon completion of the internship, forward the signed Internship Verification form to the DCF Med Program for issuance of a certificate. Staff may not administer medications until they receive the certificate from the Med Program.

All DCF Medication Administration Internships should incorporate the following Learning Objectives and meet the minimum criteria listed below.

### **Learning Objectives**

#### **Medication Certification candidates will:**

1. verbalize understanding of basic principles of safe medication administration practices according to DCF Guidelines.
2. demonstrate knowledge of their facility's medication administration systems and location of all necessary equipment.
3. demonstrate knowledge of facility specific medication administration policy and procedure.
4. know the definition of "*dispensing*" and who is legally able to dispense medications
5. demonstrate understanding and follow proper procedure – *per CT State Regulations*- for handling of medication for a Home Visit.
6. demonstrate ability to document on Medication Administration Record (facility specific) including, but not limited to: transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication administration.
7. demonstrate proper and safe techniques for administering medication according to the DCF Medication Administration Guidelines.
8. demonstrate knowledge of when and how to contact Chain of Command.
9. demonstrate proper procedure(s) to follow in the event of a medication related emergency at their facility
10. describe proper procedure to follow in the event of a medication error or incident.

#### **Minimum Criteria**

1. Orientation to facility policy and procedure for medication administration.
2. Shadowing of an experienced medication certified staff person during actual medication administration. **Minimum of 2 complete medication passes.**
3. Demonstration of administration skills with a licensed nurse – **Checklist B**
4. Supervised medication passes under the direct supervision of nurse or experienced med certified staff. **Minimum of 2 complete medication passes.**

#### **Awarding of Certificate**

Completed Internship Verification Form signed by candidate, facility nurse and facility director and sent to DCF Medication Administration Program

## F. MEDICATION ADMINISTRATION ON-SITE TEST CHECKLIST B

Revised 12/2003



Completion of Medication Administration Certification Internship  
**Internship Verification Form**

Name: \_\_\_\_\_ Facility: \_\_\_\_\_

The above candidate has successfully completed all components of the medication certification internship at this DCF licensed/operated facility. This internship has included the following:

- Orientation to facility policy and procedure for medication administration.
- Shadowing of an experienced medication certified staff person during actual medication passes. – Minimum of 2 complete medication passes.
- Demonstration of administration skills with a licensed nurse. Checklist B
- Supervised medication administration.- Minimum of 2 medication passes.

**A certificate will be issued by the Department of Children and Families upon receipt of this signed and dated form.**

- ❖ **CANDIDATE MAY NOT ADMINISTER MEDICATION UNTIL EMPLOYING FACILITY HAS RECEIVED CERTIFICATE.**
- ❖ **CERTIFIED STAFF SHALL NOT DISPENSE MEDICATION UNDER ANY CIRCUMSTANCES.**

Mail form to: DCF Medication Administration Program

505 Hudson Street

Hartford, CT 06106

*OR*

Fax form to: (860) 566-8022

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **G. Certificates**

1. Upon successfully attending and completing all components of the Basic Course, students will be issued a certificate allowing them to administer medication at child caring facilities and extended day treatment facilities that are operated or licensed by DCF only.  
**DCF medication certificates are not valid in any facility that is not operated by or licensed by DCF.**
2. Certificates are valid for two years and expire on the last day of the month in which they were issued. (For example, if a certificate is issued on June 5, 2004, it will expire on June 30, 2006).

## **III. CONTENT OVERVIEW**

**(Required by DCF regulations 17a-6(g)-12-16)**

1. Effects of medication on children and youth
2. Drug Classifications, types, and measurements
3. Contraindications of medication administration
4. Use of resources
5. Procedures for administration of medications to children and youth
6. Emergency procedures, medical back-up procedures
7. Documentation of medication administration
8. Storage and control of medication
9. Medication errors
10. General background on drug control laws

#### **IV. PRE-COURSE LEARNING OBJECTIVES**

- 1. List 11 responsibilities of Medication Certified Staff.**
- 2. Identify the 3 documents required for administering medication.**
- 3. Identify 7 things that a medication certified staff must know about a medication prior to administering medication.**
- 4. Identify 5 things that a medication certified staff must know about a client prior to administering medication to the client.**
- 5. List the “5 Rights” of medication administration.**
- 6. Describe the “Rule of Three” in medication administration.**
- 7. List the steps of the medication administration procedure.**
- 8. Describe universal precautions.**
- 9. Describe what must be included in a facility’s “emergency policy and procedures.”**
- 10. Describe the rules around administering an Epi-pen auto injector and an inhaler during a medical emergency.**
- 11. Identify a medication error and how to report an error.**
- 12. Identify 2 situations when you would notify the Department of Consumer Protection, Drug Control Division.**

## **V. RESPONSIBILITIES OF MEDICATION CERTIFIED STAFF**

The responsibilities of medication administration certified staff in DCF facilities are based on the needs of the children in our care that include safe medication administration and health practices, Connecticut statutes, licensing regulations, and sound medical and nursing practice. These responsibilities are covered in detail throughout the course.

- 1. Know the DCF Medication Administration Handbook:**
- 2. Know the facility's policy and procedure manual:**
- 3. Ensure that all necessary documentation is present prior to administering any medications to any client.**
- 4. Know how to access the facility's chain of command should a question or concern arise.**
- 5. Know the medication.**
- 6. Know the client:**
- 7. Consistently follow the medication administration procedure, including the five rights and rule of three to ensure the client's safety.**
- 8. Know the principles of universal precautions:**
- 9. Know the emergency procedures.**
- 10. Know what a medication error is and the action to take if one occurs.**
- 11. Know when to contact the Department of Consumer Protection, Drug Control Division.**

## **VI. THE DCF MEDICATION ADMINISTRATION HANDBOOK**

All facilities must have a copy of the current Medication Handbook. The handbook reflects current Connecticut statutes, licensing regulations and sound medical and nursing practice. DCF operated or funded facilities are expected to work within the guidelines established by the handbook. These regulations identify who may administer medications, guidelines for safe handling and storage of medication, information about appropriate medical and nursing supervision of medication administration and how to handle specific situations which may arise such as emergency plans and medication errors.

Periodic updates reflecting current trends in healthcare and medication are sent to facilities to include in their copies of the handbook.

## **VII. FACILITY'S POLICY AND PROCEDURE MANUALS**

Medication certified staff must also be familiar with their facility's medication policy and procedure manual. Once the course is successfully completed, policies and procedures related to medication administration are reviewed at the facility for purposes of orientation and safe medication administration.

## **VIII. NECESSARY DOCUMENTATION FOR MEDICATION ADMINISTRATION**

These documents include:

- **Current, signed licensed practitioner's order or prescription,**
- **Properly completed medication administration record form, and**
- **Pharmacy packaged and correctly labeled medication.**

**No medication may be administered without the documentation listed above**

### **A. Upon Admission**

When children who are taking medications are placed in a group home, shelter, or residential facility, the social worker is responsible for transporting the medication and a licensed practitioner's prescription/order to the receiving facility.

### **B. When a child is admitted (or transferred) from another facility**

1. The social worker is responsible for picking up the medication and the licensed practitioner's written prescription/order and delivering them to the receiving facility.
2. The social worker should obtain documentation of the name and quantity of all medications being transferred from one facility to another. The "transfer of medication" form is located in section 3 of the Medication Administration Handbook may be used for this purpose.
3. The admitting facility may administer the medication transferred as long as the container shows no evidence of tampering.

### **C. When a child is admitted to a facility from home or a foster home**

1. The social worker is responsible for ensuring that the medication is accompanied by a written prescription/order. The social worker must contact the prescribing physician or pharmacy to secure the medication order.
2. The actual medication taken from the home may be administered to the child only with written permission from a licensed practitioner or pharmacist.

### **D. Emergency (after hours) admissions**

1. The social worker remains responsible for providing the medication and a written prescription/order to the facility.
2. If it is impossible to obtain this information prior to placement:
  - A call should be placed to HOTLINE where a list of DCF on-call physicians is maintained.
  - The receiving facility will admit the child.
  - HOTLINE will connect the facility staff with an on-call pediatrician to discuss medication issues and facilitate orders required for each child placed in a facility after hours.
  - The on-call physician will document and sign a summary on the “physician instruction” form (see section III, page 19 of the Medication Administration Handbook) of the phone consultation and fax the summary to the facility staff.
  - If indicated, the on-call physician may give written medication orders via fax to the facility staff. Verbal medication orders may be given only to a licensed nurse.

## **IX. ACCESSING THE FACILITY'S CHAIN OF COMMAND**

- The facility policies and procedures should identify the person to contact in the event of a medication concern/emergency. The chain of command list should include in order the names and phone numbers of the people to contact.
- For example: In the event of a medication or medical concern, call, in order:
  - 911- for potentially serious medical emergency
  - Clara Barton, facility nurse 555-5555
  - Glinda North, dir. of residential 555-5555
  - J. Salk, MD, facility medical director 555-5555
  - Poison Control 800-343-2722
  - DCF Hotline



## **X. ROLES OF LICENSED AND UNLICENSED PERSONNEL AND SUPERVISION OF MEDICATION ADMINISTRATION**

### **A. Roles**

#### **1. Registered Nurse**

- RNs may administer medication, supervise LPNs and certified staff in medication administration, teach the medication administration course and conduct on-site testing.
- RNs may accept verbal and telephone orders from licensed practitioners
- RNs may not dispense medication.

#### **2. Licensed Practical Nurse (LPN)**

- LPNs perform tasks under the direction and supervision of a registered nurse.
- LPNs may not dispense medication.

#### **3. Pharmacists**

- Pharmacists may dispense medication

#### **4. DCF Medication Certified Staff**

- DCF Certified Staff may administer medication according to a licensed practitioner's prescription/order.
- Certified staff may not dispense medication
- May not accept verbal/telephone medication orders, but may accept written, faxed orders.

#### **5. Licensed Practitioners**

- Licensed Practitioners include: physicians, dentists, optometrists, physician assistants, APRNs (advanced practice registered nurses), podiatrists, nurse midwives.
- Licensed by the State of Connecticut to prescribe medication
- May dispense medication.
- May provide consultation regarding medication prescribed.

## **B. Supervision of Medication Administration/Safety and Quality**

### **Assurance**

**Regulations require monthly supervision of a facility's medication administration system by a licensed medical person, preferably a registered nurse.**

1. The supervising nurse shall document any significant deficiencies in a facility's medication administration program or an individual's competency to administer medications. A report must be provided to the facility director and the medical director of DCF.
2. Each month the licensed medical person (registered nurse) will:
  - Check that all prescriptions/orders are current, correctly transcribed on the medication record, and match the pharmacy labels.
  - Review and identify medication errors, adverse reactions, trends and recurrent problems.
  - Ensure the proper storage of all medications
  - Supervise and consult with facility staff regarding medication administration
  - Provide on-site testing following a Basic and DMR Transfer course and annually to ensure that certified staff are safely administering medication
  - Maintain documentation of all supervision, post course and annual on-site testing. **This documentation must be submitted to DCF monthly and upon request.**
  - The licensed medical person (RN) will review the facility's medication policies and continuing education relating to medication administration.

3. The facility nurse and/or director may suspend an individual's medication certificate when a concern arises over the safety and welfare of the children.. Any suspensions must be communicated to the Medical Director of DCF.
4. The Commissioner of DCF or designee may revoke an individual's medication certificate.
5. Any facility hiring a new employee who presents a medication certificate shall verify the status of the certificate through the DCF Medication Administration Training Program personnel.
6. DCF licensing inspectors and medication administration training program nurses will make periodic visits to the facilities to review the medication administration systems.

## **XI. KNOW THE MEDICATION**

Medication Certified Staff must research each medication prior to administering the medication.

Medication may be “looked up” or researched in a reference book, i.e.: Nursing Drug Reference Books, Physician’s Desk Reference Books. Medication certified staff are expected to read the package inserts, and the fact sheets provided by the pharmacist, and follow any directions that the licensed practitioner provides.

**Certified staff must know the following information about any medication they are administering:**

- The drug’s name (generic and trade)
- The drug’s action
- The drug’s use: why the medication was ordered
- The drug’s usual dosage
- The drug’s side effects and adverse effects
- Any precautions
- Any special considerations.

## **XII. KNOW THE CLIENT**

This includes the client’s **diagnoses, age, weight, general health, and allergies**. Staff must know where to access the information – nurse’s health records, admission records, physician’s notes, health passport.

### **XIII. THE MEDICATION ADMINISTRATION PROCEDURE**

#### **A. The “Five Rights”:**

- Right child,
- Right medication,
- Right dose,
- Right route,
- Right time

#### **B. The “Rule of 3”:**

- Performing 3 checks comparing that the 5 rights match on the licensed practitioner’s order, pharmacy label and medication administration record.

#### **C. Medication Administration Procedure:**

1. Approach the task in a calm manner and allow no distractions
2. Wash hands before and after medication administration.
3. Assemble the necessary equipment. Unlock the medication storage area.
4. Compare the **licensed practitioner’s prescription/order with the medication administration record** ensuring that the five rights match on both.

##### **(First Check)**

*Right Person   Right medication   Right dose   Right route   Right time*

5. Compare the **licensed practitioner’s order with the pharmacy label** on the medication container, ensuring that the five rights match on both.

##### **(Second Check)**.

*Check the concentration on the pharmacy label.*

6. Compare the **pharmacy label and medication administration record** ensuring that the five rights match on both.

##### **(Third Check)**

7. Pour the right dose of medication.
8. Identify the correct person. You may explain the desired effect and any common side effects to the client. **(Prior to administering any medication, know the desired effect, common side effects of the medication, the child's allergies, and other medication that the child is receiving to ensure that the medication is not contraindicated for the child).**
9. Administer the medication properly. Utilize the proper technique.
10. For oral medications, perform a mouth check. Ensure that the medication has been swallowed.
11. Document appropriately on the medication administration record.
12. Return the medication to the locked area and clean up

#### **D. Preparing/ Pre-pouring Medication in Advance**

1. Facilities may allow staff to prepare or pre-pour the medication for all clients prior to the actual medication administration time.
2. If medication is prepared/pre-poured in advance, the following guidelines may be followed:
  - a. The medication must be prepared/pre-poured by the same staff member who will be administering the medication. It is not acceptable under any circumstance to administer medication prepared/pre-poured by another licensed or certified staff member.
  - b. Medication must be administered within the same shift that it was prepared/pre-poured.
  - c. The medication that is prepared in advance must be clearly labeled with the client's name along with the name of the medication, dosage, time, and route of administration.
  - d. Pre-poured medication must be locked and safeguarded until administered.

**E. Medication for Visits/ L.O.A.s (leave of absence)/ and T.V.s (therapeutic or temporary visit)**

**1. General Guidelines**

- a. Medication for visits may be dispensed by the facility's pharmacy and contain sufficient medication for the time the child is away from the facility.
- b. The container (blister pack, bottle) of the entire facility supply of medication may **not** be sent home with the exception of: topical medication, birth control pills, time limited antibiotics, epi-pens and inhalers.
- c. Instructions for administration, drug action, and side effects to report should be shared with the child and the responsible adult.

**2. Options for providing medication when a child leaves the facility for a visit:**

- a. Properly dispensed medication may be given to the responsible adult.
- b. Medication may be given directly to the child as long as the treatment team and licensed practitioner have assessed and documented that this is appropriate.
- c. A written prescription for the required amount of medication may be given to the adult or child to be filled at a pharmacy in the child's home community.
- d. The licensed practitioner may telephone a prescription to a pharmacy identified by the child's parent or guardian. There are controlled medications (schedule II) that may not be prescribed via the telephone.
- e. Depending on the medication and the child, the licensed practitioner may determine that a medication may be discontinued for the duration of a visit.
- f. The responsible adult may obtain a supply of medication to be kept at the child's home, or medication may be mailed to the child's home.



- g. The licensed practitioner or pharmacist may dispense medication from the facility supply.

3. Providing medication while on a facility supervised trip/outing:

- a. Attempts should be made to change the medication administration time to provide the medication either before or after the trip.
- b. The facility's pharmacy may dispense the dosage required for the licensed or medication certified staff to administer while on the trip.
- c. Medication to be administered on an outing supervised by the facility may be prepared/pre-poured in advance by the licensed or medication certified staff that will administer the medication on the trip. **In general this practice is discouraged because of safety concerns, i.e. the security of the medications and risk of error.** If this option is chosen the guidelines listed earlier regarding preparing/pre-pouring medication in advance must be followed.

## **F. Self Administration of Medication**

1. At times, it may be appropriate for a child to self administer medications. For example: a child preparing for independent living, or an older client who may have a job in the community.
2. Regulations state:
  - a. There must be a specific written licensed practitioner's prescription/order for a child to "self administer" and/or "self carry" medication.
  - b. All doses of medication that are self administered must be documented daily.
  - c. The safety of all the children in a facility must be ensured therefore, medication must be kept inaccessible to other clients. Self administration must be suspended at any time safety is compromised.
3. Topical or oral medications containing liquid alcohol may not be appropriate for self administration.
4. Each agency is responsible for developing written policies regarding the self administration of medications with a priority on child safety.
5. Facilities may develop an educational program to provide the children with information about their medication including: reason for taking medication, side effects to report, proper technique for administration, who to contact with questions or concerns, how to access more medication when it is time for a prescription renewal. All education provided must be documented. The child should be asked to demonstrate their ability to self administer.

## **G. Permission to Treat/Informed Consent**

### **1. Permission to Treat**

This permission covers routine medical care such as physical examinations, immunizations, and medications for common childhood illnesses, including antibiotics.

### **2. Informed Consent for Non-Routine Medical Care**

- a. Definition of Informed Consent: Competent and voluntary permission for a medical test or medication. Consent is given based on understanding the nature, risks and alternatives of the procedure or test.
- b. Informed consent may be requested for medical care and/or treatment (including some medication) that is unusual, risky or associated with serious side effects.
- c. It is the responsibility of the physician to obtain informed consent from the child's legal guardian prior to initiating treatment. (Foster parents may not give informed consent).
- d. The facility may provide the physician with the name and address and/or telephone number of the legal guardian. The facility may document that this information has been provided.

## **XIV. UNIVERSAL PRECAUTIONS**

Safely administering medication requires knowledge of universal precautions and hand washing technique.

1. Universal precautions are practices that help prevent contact with blood and body fluids. These practices prevent the spread of infectious diseases through the use of gloves, and other barriers such as gowns, and eye protection.
2. Hand washing is effective in preventing the spread of infection.
  - a. Effective hand washing consists of wetting, soaping, lathering, applying friction, rinsing, and drying adequately. Friction is essential to remove bacteria from the skin.
  - b. Rinse hands in warm water, positioning hands and arms in such a way that water runs off rather than up the arms.
3. Steps to take when anticipating contact with blood or body fluids:
  - a. Wash hands frequently and thoroughly and wear gloves.
  - b. Cover any broken skin.
  - c. Use mask, gown and eye protection when appropriate, and a ventilation device when providing rescue breathing.
  - d. Hands must always be washed after removing gloves.

## **XV. EMERGENCY PROCEDURES**

1. Each facility is responsible to develop, and implement policies that specify the arrangements for the provision of emergency medical care (i.e., calling 911, poison control: 800-343-2722), including treatment for anaphylactic reactions, emergency use of inhalers and emergency first aid. A licensed practitioner must review the facility's policies quarterly.
2. All facility staff, regardless of whether they are medication certified, may be trained to administer epinephrine (Epi-pen auto injectors) and inhalers in the event of an emergency. A licensed medical professional must train the staff.
3. Use of Inhalers and Epi-pen auto injectors
  - a. Whenever possible, children should be taught to self administer their inhalers and Epi-pens.
  - b. Licensed Practitioner orders may be written to allow appropriate and responsible children to "self administer" and "self carry" these medications. The safety of the individual child and the rest of the children must be considered.
  - c. Inhalers and Epi-pens must be kept in a secure location, easily and quickly available when needed.
  - d. Facility staff should have training regarding the use of these medications indications, side effects and special precautions.

## **XVI. MEDICATION ERRORS**

### **1. General Information:**

- a. When an error occurs it is frequently a result of multiple breakdowns in the ordering, dispensing, and administration systems. Rarely is one individual entirely responsible for what has gone wrong. But being informed and aware, you may be able to prevent the error from reaching the patient.
- b. The Institute for Safe Medication Practices (ISMP) is located in Warminster, PA. This is a nonprofit organization that works closely with practitioners, regulatory agencies, healthcare institutions, and the pharmaceutical industry to provide education about drug-use system errors. Information derived from this organization is submitted to the National Medication Errors Reporting Program (MERP) that is operated by the United States Pharmacopeia (USP).
- c. This information is then shared with the United States Food & Drug Administration and may impact drug standards set by USP. All agencies work together to encourage safe use of medications through improvements in drug distribution, naming, packaging, labeling, and delivery system design. The organization has established a national advisory board of practitioners to assist in reviewing educational material derived from the reports.
- d. You can report medication errors in confidence to the U.S.P. Medication ERRORS Reporting Program at 1-800-23-ERROR.

2. Although it is impossible to list every type of error that may occur, errors generally fall into a number of broad categories. Every medication error must be documented on an incident report form.

a. Errors may occur when ordering the medication

- not ordering all medications from the pharmacy
- ordering the wrong medication from the pharmacy
- pharmacy delivering wrong medication, or errors on the

b. Errors may be made in documentation

- not initialing the medication record after administering a dose
- transcribing the medication order onto the medication
- record incorrectly
- inaccurate controlled drug inventory

c. Errors may be made in administering the medication

- administering the wrong medication to a child
- administering the wrong dose, or missing a dose
- medication administered at the wrong time, or by the wrong route

d. Errors may be made in medication storage and control

- leaving medication area unlocked
- improperly storing medication
- failing to safeguard the medication keys
- failing to keep controlled medication keys on separate rings

### 3. Policy for Medication Errors

All facilities must adopt written policy outlining steps to take in the event of a medication error. Policy may include the following:

- The names and telephone numbers of persons responsible for decision making in the facility (i.e., chain of command).
- Telephone numbers of licensed practitioner, emergency room, poison control.
- All emergency numbers must be clearly posted and accessible to all staff.
- Information about when to notify DCF and/or the child's parents following a medication error must be included in the facility's policy and procedures.

### 4. Documentation of Medication Errors

- All medication errors must be documented on a medication error form/facility incident report form. Incident reports are kept separate from the child's record.
- If medical treatment is required or the error is serious:
  - a. Send a copy of the incident report to the Medical Director, DCF Central Office the next business day.
  - b. Notify the child's social worker (after hours call the HOTLINE).
  - c. The child's parents may be notified.
  - d. A thorough review of the facility's medication administration program must be performed to investigate the cause of the error and determine a plan to prevent this type of error from recurring.
- An objective description should be written in the child's record including the child's condition and treatment.



## 5. Corrective Action

- If an error is serious resulting in the child requiring medical treatment and/or hospitalization, the facility director and/or nurse must suspend the medication certificate of the responsible individual(s) immediately pending an investigation.
- Repeated medication errors or patterns of errors may be cause for suspension of an individual's medication administration certificate.
- The following may be considered prior to determining corrective action:
  - a. facility policies
  - b. impact upon child safety
  - c. review of the individual's record related to medication administration
  - d. extenuating circumstances
- When an individual's medication administration certificate is suspended, the Medication Administration Training Program must be notified.

## **XVII. WHEN TO CONTACT THE DEPARTMENT OF CONSUMER PROTECTION, DRUG CONTROL DIVISION**

This state agency must be contacted in the following situations:

- When there is a discrepancy in the controlled drug count
- When controlled medication must be destroyed.

The address for this agency is 165 Capital Avenue Room 145 Hartford, CT 06106. The phone number is (860) 713-6065.

# **Pre-Course Practice Test**

**Students are responsible for the information below.**

**The written exam at the end of the course will include the learning objectives in this pre-course manual.**

**This study guide must be completed prior to the first day of the Basic Course.**

- 1. List 11 responsibilities of Medication Certified Staff.**

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**2. Identify the 3 documents required for administering medication.**

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**3. Identify 7 things that a medication certified staff must know about a medication prior to administering medication.**

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**4. Identify 5 things that a medication certified staff must know about a client prior to administering medication to the client.**

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**5. List the “5 Rights” of medication administration.**

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**6. Describe the “Rule of 3” in medication administration.**

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**7. List the steps of the medication administration procedure.**

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**8. Describe universal precautions.**

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**9. Describe what must be included in a facility's "emergency policy and procedures."**

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**10. Describe the rules around administering an Epi-pen auto injector and an inhaler during a medical emergency.**

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**11. Identify a medication error and how to report an error.**

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**12. Identify 2 situations when you would notify the Department of Consumer Protection, Drug Control Division.**

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